

Vermont Mental Health Performance Indicator Project
DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani, Koushik Ghosh, Sheila Pomeroy,
Christine Van Vleck, and Monica Simon

DATE: February 20, 2004

RE: CMHC Utilization by Individuals with a History of Trauma in Five States

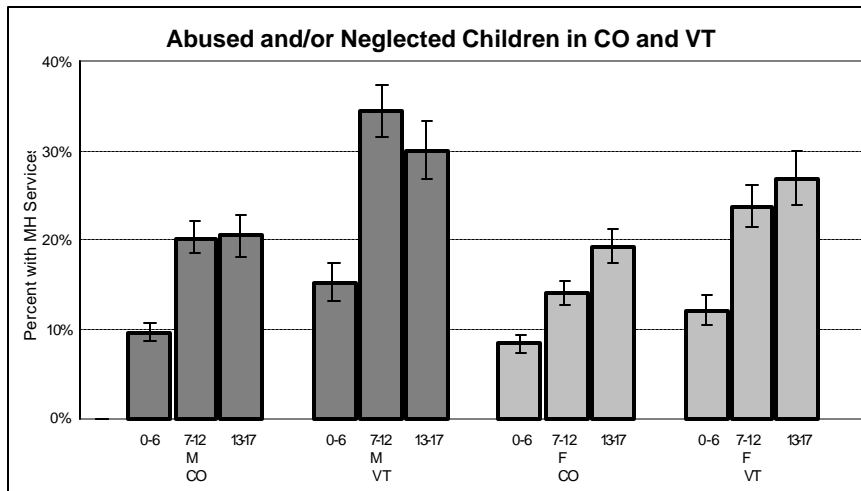
Earlier this month, PIP staff participated in a presentation at the NASMHPD Research Institute's Annual Conference that described preliminary findings of a five state SAMHSA sponsored project. This project is examining levels of access to community mental health services for individuals with a history of trauma. This project is based on the recognition that we live in an information-rich society and a wide variety of administrative databases contain information about people who have experienced trauma. These databases include information on child abuse and neglect, domestic violence, other types of injury, resettled refugees, and others who have experienced trauma. This project will provide a model for future federally funded multi-state collaborations that are designed to address issues related to trauma and other important social policy concerns.

This project relies entirely on analysis of de-identified data from existing databases using the technology of Probabilistic Population Estimation (PPE) to determine the rate at which individuals who have experienced trauma use public community mental health services. PPE is a statistical data-mining tool that measures the number of people represented in data sets that do not share unique person identifiers. PPE reports how many people are represented in and across data sets, but does not reveal who the people are. This approach is unobtrusive and it protects the personal privacy of individuals and the confidentiality of medical records because it does not depend on personally identifying information. The data sets used by PPE are HIPAA compliant.

The attached pages provide a brief overview of findings from the first months of this project. These findings include measures of access to care to child and adolescent abuse and neglect victims in Colorado and Vermont, adults with physical injuries in Connecticut and Vermont, people hospitalized for PTSD in Kentucky, Crime Victims in Vermont, and refugees in Colorado and Vermont.

We look forward to your questions, comments, and suggestions for other sources of data regarding individuals with a history of trauma in Vermont to us at pip@ddmhs.state.vt.us or 802-241-2638. For more information about the multi-state trauma study, contact Lucille Schacht, Ph.D., Director of Statistical Analysis, NASMHPD Research Institute, at 703-739-9333 ext 125 or lucille.schacht@nri-inc.org.

Child Abuse/Neglect in Colorado and Vermont

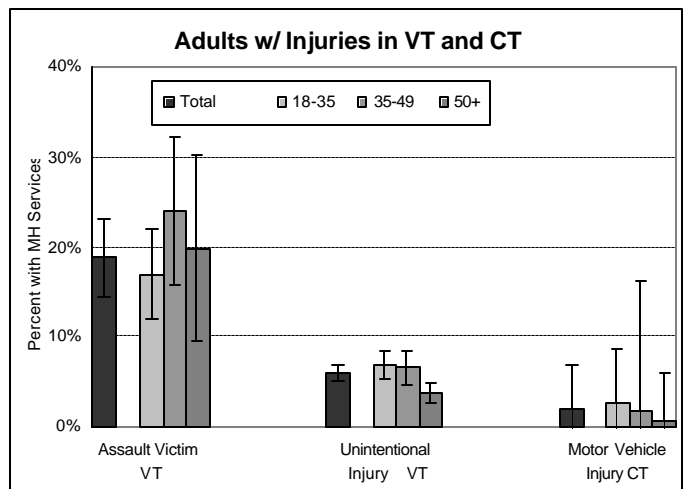


Children and adolescents with a history of abuse and/or neglect are widely recognized as a group in need of mental health services. During the first months of this project, data sets provided by the child protection agencies in Colorado and Vermont were analyzed to determine the rate at which these young people were served by public community mental health programs. Results indicate that, overall,

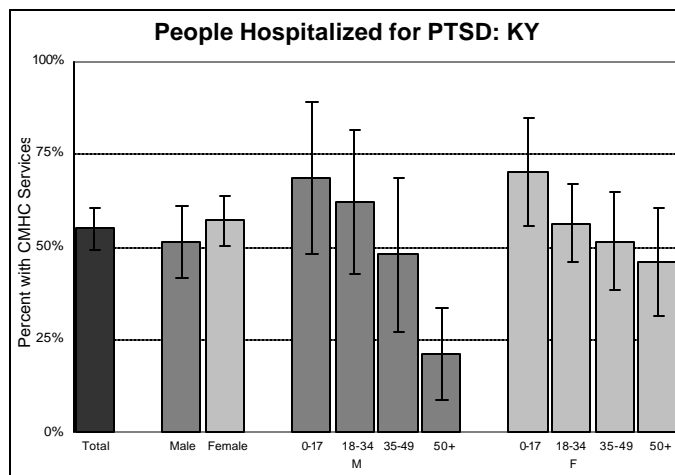
the community mental health utilization rate was greater in Vermont than Colorado (24% vs. 14%) for young people identified by the state child agency as having been abused and/or neglected. In both states, children under seven years of age were substantially less likely to receive community mental health services than young people in the 7-12 or 13-17 age groups (9% vs. 17% and 20% in CO, and 14% vs. 29% and 28% in VT). In both states, girls were less likely to be served than boys in every age group.

Physical Injury in Connecticut and Vermont

Information regarding individuals who have been physically injured is maintained by a wide variety of organizations and agencies. These include medical organizations, motor vehicle departments, and others. During its first months, this project analyzed databases that described individuals with incapacitating injuries resulting from motor vehicles accidents in Connecticut, and individuals treated for injuries in hospital emergency rooms in Vermont. The Vermont analysis included both unintentional injury and injury that was the result of assault. In Vermont, more than 20% of assault victims but only 7% of victims of unintentional injury received community mental health services during the same year. In both groups of injury victims, women and children were significantly more likely to receive community mental health services than men (29% and 30% vs. 11% for assault victims, and 10% and 8% vs. 4% for unintentional injury). In Connecticut, very few of the people who were incapacitated due to a motor vehicle accident received community mental health services.



Posttraumatic Stress Disorder Diagnosed in General Hospitals in Kentucky

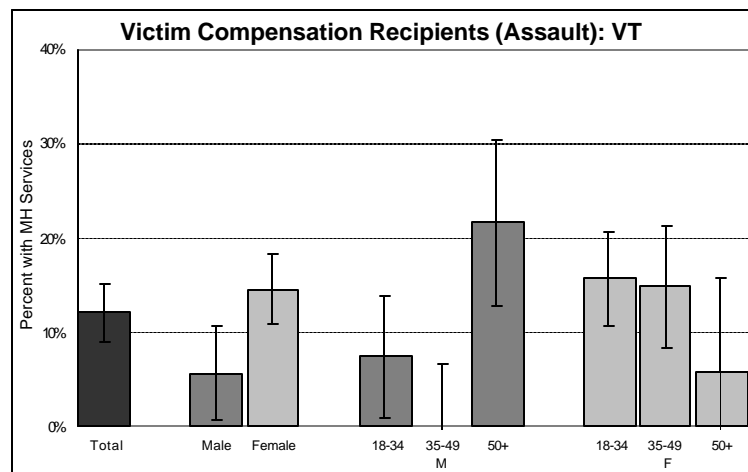


In Kentucky, hospital discharge data provided basic demographic information for individuals with a diagnosis of Posttraumatic Stress Disorder. This group of individuals had a higher rate of community mental health service utilization than any other group examined in his project to date. Overall, 55% of those who received this diagnosis in a general hospital had received community mental health services during the same year. Community mental health service utilization was highest for young people under 18 years of age (68% for boys and 70% for girls) and

decreased, for both genders, to 21% of men and 46% of women in the 50+ age group.

Crime Victims in Vermont

Many states have crime victim restitution programs that provide support services and monetary restitution for individuals who may or may not have received medical, social, or other services. Databases maintained by these programs contain information on individuals with a wide range of criminal victimization. In many cases, this victimization may have involved trauma of one form or another. During the first months of this project, the Vermont Center for Crime Victims Services provided basic demographic information on all adult service recipients. For purposes of this analysis, adults (age 18 and over) who were victims of domestic violence, sexual assault, or other assault were selected for analysis.



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Results of this analysis indicate that more than 10% of these crime victims received community mental health services in Vermont during 2003. Women were significantly more likely to receive mental health services than men (14% vs. 6%). Among women, participation in mental health programs for individuals aged 50 and older was substantially less than younger women (6% vs. 15% and 16%). Among men, however, participation in mental health programs for individuals aged 50 and older was substantially greater than for younger men (22% vs. 7% and 0%).

Refugees in Colorado and Vermont

Many, if not all, refugees have experienced significant trauma as the result of their experiences before during or after relocation. During the first few months of this project, databases that include basic demographic information for refugees in the Denver, Colorado and Burlington, Vermont service areas were made available for analysis. The Colorado data described individuals whose Medicaid eligibility was based on refugee status. Vermont data were provided by the Vermont Refugee Resettlement Office and the Health Department refugee health program.

There were substantial differences in patterns of community mental health service utilization by refugees in the two counties. In the Denver Colorado area, utilization rates for children under 18 years of age were substantially higher than utilization rates for any adult age group (30% vs. 3%, 5% and 9% for adult males, and 30% vs. 2%, 4% and 6% for adult females). In the Burlington, Vermont area, the highest utilization rate was for women in the 50+ age group (23% vs. 8% to 9% for children and younger women, respectively). The highest utilization rate for men in the Burlington, Vermont area was in 35-49 year age group (18% vs. 4 % to 8% for boys and other men respectively).

